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www.aptasce-wm.org

President's Message

Our section newsletter provides the opportunity for me, the executive committee and members to communicate all of the happenings within the section over the past four months. As 2009 approaches, we are facing many new and some similar challenges. But I have tremendous faith and respect in our membership. We are now **1033 MEMBERS STRONG**. Yes, we have tripled our size since 2003. And yes we will need each and everyone's input as we face the reimbursement and practice challenges in the next few years.

Please allow me to review a few of the accomplishments over the past year.

1. The present board and strategic planning group developed and approved a strategic plan for the next 3-5 years. The plan has been approved by APTA and is published in this newsletter, please review it carefully and consider where you may be able to offer assistance.
2. The bylaws have been updated. They are also published in this newsletter. They need to be published for all our members to review. This document will require a member ship vote for approval.

These two projects have required many hours of tedious work, kudos to all who participated.

Our continued challenges revolve around...

1. The ability of our members to perform EMG/NCV studies.
 - Andy Robinson (SCE EMG/NCV Practice Chair), Elaine Armantrout (ACE President), and Justin Elliott (APTA) are carefully monitoring this activity around the country.

- Please forward any and all correspondence to them so there is no delay in responding to these issues.
2. Wound Care Coverage decisions (LCD's) are being revised across the country.
 - Harriett Loehne (WMSIG President) and I are monitoring this activity. Our APTA contact is Sarah Nichols.
 - Please forward any and all response to us so we may respond timely to any and all requests.
 3. The daily challenges to the reimbursement of electrical stimulation and ultrasound.
 - Meryl Gersh (SCE Electrotherapy Chair) and are carefully monitoring this activity. Our APTA contact is the reimbursement department.
 - Please forward any and all responses to us.

The section leadership also organized a meeting with ACE (American College of Electromyographers) in August. We spent an entire day looking at where we are, how we support one another and how together we make the best impact. It was a fabulous meeting. Thank you to Elaine Armantrout for organizing the event and Scott Palmeri supplying the conference room to meet. Great job to all!

Last but certainly not least, please take a look at the CSM programming. Karen Albaugh, our program chair has done another stellar job in coordinating our programming this year. Encourage your colleagues to attend our two pre-conference programs.

1. First Congress of the International Society of Electro-physical Agents
2. Wound Care Practices Spanning All Care Settings

You all need to stop our new section booth and check out our giveaways. We want everyone at CSM this year to know that ***YOU are a member of the Clinical Electrophysiology and Wound Management Section!***

CSM 2009 is in Las Vegas, February 9-12, 2009. I challenge all of you to attend, it is time emphasize to our APTA colleagues that our specialties, EMG, NCV, Electrotherapy and Wound Management are significant component of the profession of physical therapy. See all of you there.

Your President,
Pam Unger

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Newsletter of the
CEWMS of the
American Physical
Therapy Association

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Combined Sections Schedule 2009: Las Vegas, Nevada (Mandalay Bay Resort) Section on Clinical Electrophysiology and Wound Management Programming

Sunday, February 8, 2009

12:00-10:00 pm Pre-conference: First Congress of the International Society of Electro-physical Agents

Monday, February 9, 2009

7:30 am-6:00 pm Pre-conference: First Congress of the International Society of Electro-physical Agents

8:30 am-4:30 pm Pre-conference: Wound Care Practices Spanning All Care Settings

Tuesday, February 10, 2009

10:30-11:30 am Laser and LED/SLED Use in Rehabilitation: A Systematic Review

12:30-3:30 pm Electrothermal Modality Heavyweights: Ultrasound and Diathermy: Revisit and Update

3:30-4:30 pm Electrotherapy Forum

Wednesday, February 11, 2009

8:00-11:00 am Managing Chronic Wounds: Past successes and future challenges

8:00-11:00 am The Use of ES to Augment Muscle Strengthening in OP Orthopedics- how to guide for clinicians

1:00-3:00 pm SCEWM Research Platforms

4:00-5:00 pm Spinal Implants from Bone to Metal to Artificial Disc

4:00-5:30 pm Wound Management Special Interest Group Roundtable Meeting

4:00-5:30 pm Microcurrent: what is it, what is it used for, and what does the evidence say?

6:00-7:30 pm SCEWM Business meeting

Thursday, February 12, 2009

8:00-11:00 am Pressure Ulcers- pathophysiology, prevention and support surfaces

8:00-9:30 am Peripheral Mononeuropathies in the Lower Extremities:

An anatomical, clinical and electrophysiological review

1:00-3:00 pm Outpatient Management of the Burn Survivor

1:00-2:00 pm Clinical Electrophysiologic Testing in the Aging Peripheral Neuromuscular System

2:00-3:00 pm EMG forum

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WMSIG Update

By Harriett B. Loehne, PT, DPT, CWS, FCCWS
President

Hope all had a wonderful summer and are enjoying some cooler weather with the advent of fall. By press time it will be winter with snow and ice for many.

A few updates for wound management clinicians

- Our Research Committee, chaired by Glenn Irion, PT, PhD, CWS, is organizing with some great plans – stay tuned!
- The Integumentary Hooked on Evidence Scenarios are undergoing multiple reviews and revisions. Hopefully they will be available on the APTA website soon. David Scalzitti of APTA is directing the project.
- By the time this goes to press it definitely is time to start planning for your trip to Vegas in February 2009! CSM will meet there February 9-12. As usual, there will be excellent Integumentary programming put together by Karen Albaugh, PT, DPT, MPH, CWS, as well as our annual WMSIG meeting and election of a Vice President and a member of the Nominating Committee. For the first time, CSM will be held Monday–Thursday – which gives us a great opportunity to arrive a couple of days early and enjoy the sights of Vegas.
- Don't forget *really* to plan ahead, and mark off time for Annual Conference. This year APTA has asked *us* for Integumentary programming: 15 hours! Melissa Johnson, PT, has done a wonderful job of getting permission for many faculty members and created a terrific agenda. The conference is in Baltimore June 8-11. Details will be available soon.

Happy Holidays to all!

Harriett

Invitation to Electroneuromyographers

By AJ Robinson, PT, PhD
Co-chair
ENMG Practice Committee

I would like to extend an invitation to all of the electroneuromyographers in the Section to attend CSM in Las Vegas.

Participation by these clinicians, especially the ABPTS ECS members, is essential if the Section is to achieve its mission with respect to this area of practice. The clinical electrophysiological examination - practitioners must lead the efforts not only to preserve this area of practice but also to advance practice and protect the future.

The Section is also seeking a person to serve as co-chair of the Section's ENMG Practice Committee. The previous chair of the committee stepped down because of a change in his military commitments.

Leadership Opportunities

By Rose Hamm
Nominating Committee Chair

The Clinical Electrophysiology and Wound Management Section will be electing three officers in the next year: President, Vice-President/Program, and Publication. Although there are new by-laws proposed that alter the nominating time line, the Section is currently functioning under the current By-laws and will be our guide for the 2009 elections. The process begins with asking you, the dedicated and now much larger membership, to consider serving the Section and the APTA in one of the positions listed.

The ballot will be finalized at our business meeting in early February at CSM and mailed to Section members in late March. New officers will be notified after Annual Conference. Please refer to the Section Bylaws for general information regarding responsibilities for each position. Also, feel free to contact the officer currently in that position for additional information. Representation from both the clinical electrophysiology specialists and the wound management specialists is needed to fulfill the mission and purpose of the Section.

If you would like to nominate yourself or someone else, please contact the Nominating Committee Chair, Rose Hamm at rhammpt@msn.com or 323-442-8831. Include contact information for the person being nominated in your email so that the Nominating Committee can contact the member for permission to be nominated. Candidate statements will be due by March 17th and should be emailed to the Committee Chair at the above email address.

The Wound Care Special Interest Group will be electing a Vice-President and one member of the Nominating Committee, and any one interested in serving in either of these positions or in nominating someone for the positions, can also send the information to Rose at the above contacts.

The Section membership has surpassed the 1000 mark, and needs to maintain the out-standing quality of leadership that we have had over the past few years. Please give serious consideration to serving in one of the available offices or to nominating someone that you feel would help the Section or SIG to continue its service to our membership, its growth, and its contributions to the APTA. Thanks to all of you in advance!!!

Section on Clinical Electrophysiology and Wound Management Strategic Plan

MISSION

The mission of the SCEWM is to passionately advocate for and embody the highest standards of care and best practices in clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management physical therapy through education and communication to healthcare providers; consumers; and legislative, regulatory, and reimbursement entities.

VISION

The vision of the SCEWM is to align the three uniquely focused areas of clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management to provide a coordinated effort toward and promotion of evidence-based practice, clinical specialization, and transdisciplinary care.

GOAL 1

Members are autonomous practitioners providing evidence-based care to promote best practice in clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management.

OBJECTIVE

1. Complete the wound management practice analysis for clinical specialization and for clinical residencies by 2010.

STRATEGIES

- a. Request assignment of a mentor from ABPTS for developing a practice analysis in 2008.
- b. Initiate the process for the practice analysis by the end of 2008.
- c. Communicate progress toward clinical specialization in the section newsletter at least twice a year.
 1. Provide evidence-based clinical guidelines for best practice in clinical electrophysiology, therapeutic technologies, and wound management by 2010.

STRATEGIES

- a. Review current literature on established evidence based guidelines for best practice in clinical electrophysiology, therapeutic technologies, and wound management by the end of 2008.
- b. Compile and submit reviewed literature for hooked-on-evidence website by the end of 2009.
- c. Complete and submit a minimum of 5 case studies for clinical electrophysiology, therapeutic technologies, and wound management to hooked-on-evidence by the end of 2009.
- d. Develop evidence-based clinical guidelines specific to physical therapy practice in clinical electrophysiology, therapeutic technologies, and wound management by the end of 2009.
- e. Publish evidence-based clinical guidelines on the Section website by 2010.

1. Provide a statement defining the role of a PTA in clinical electrophysiology, therapeutic technologies, and wound management by the end of 2009.

STRATEGIES

- a. Develop and disseminate a survey to section members specific to the role of the PTA in clinical electrophysiology, therapeutic technologies, and wound management by April 2008.
- b. Compile survey results by September 2008.
- c. Develop the Section's position on the role of PTA in clinical electrophysiology, therapeutic technologies, and wound management and publish on the Section website by February 2009.

GOAL 2

Members are recognized practitioners who advocate for consumers, to other healthcare providers and to payers concerning legislative and policy issues related to the practice of clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management.

OBJECTIVE

1. Identify legislative issues for clinical electrophysiology, therapeutic technologies and wound management on an ongoing basis.

STRATEGIES

- a. Create a list of state-by-state statutes/rules/policies relating to:
 - i) clinical electrophysiology
 - ii) therapeutic technologies (drug storage/usage)
 - iii) wound management – sharp debridement and PTA by December 2008.
 - b. Identify a member chair for clinical electrophysiology, therapeutic technologies, and wound management to coordinate efforts towards the above objective by March 2008.
 - c. Collaborate with APTA staff contacts for federal and state governments specific to legislative issues by March 2008.
 - d. Establish a member only web site page to communicate to members strategies a, b, and c by March 2009.
1. Identify reimbursement issues for clinical electrophysiology, therapeutic technologies, and wound management on an ongoing basis.

STRATEGIES

- a. Identify a member champion for clinical electrophysiology, therapeutic technologies, and wound management to coordinate effort towards the above objective by March 2008.
- b. Collaborate with APTA staff contacts for federal and state governments specific to reimbursement issues by March 2008.

Strategic Plan

Continued from page 4

- c. Identify denial and non-payment policies for clinical electrophysiology, therapeutic technologies, and wound management by December 2008.
- d. Create a document for appeal of denials by June 2008.
- e. Create a member only web site page to communicate strategies a-d by March 2009.
 - 1. Create a member only list serve of questions and answers for legislative and reimbursement issues for clinical electrophysiology, therapeutic technologies, and wound management by December 2008.

STRATEGIES

- a. Develop rules for posting questions and answers on the member only list serve by December 2008.
- b. Identify someone to monitor the questions and answers on the member only list serve by December 2008.
 - 1. Identify and analyze new technologies related to clinical electrophysiology, therapeutic technologies, and wound management based on evidence-based practice related to reimbursement on an ongoing basis.

STRATEGIES

- a. Identify a member champion to identify and obtain annotations of new articles related to clinical electrophysiology, therapeutic technologies, and wound management to contribute to hooked-on-evidence by February 2008.
- b. Annotate the articles found on new technologies related to clinical electrophysiology, therapeutic technologies, and wound management on hooked-on-evidence by December 2008.
- c. Collaborate with APTA reimbursement staff to investigate payment for new technologies by March 2008.
- d. Create a member only web site page to communicate the new technology information by March 2009.
 - 1. Create an informational brochure directed toward consumers, other health providers, payers, and legislators regarding the benefits of the practice of clinical electrophysiology, therapeutic technologies, and wound management by June 2008.

STRATEGIES

- a. Identify champions for clinical electrophysiology, therapeutic technologies, and wound management to coordinate the document preparation and distribution with APTA by March 2008.
- b. Create PDF documents available through the “members only” section of the SCEWM website by June 2008.

GOAL 3

Provide professional (entry-level) curriculum guidelines, evidence-based post-professional continuing education, and enhanced community awareness in clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management.

OBJECTIVE

- 1. Develop professional curriculum guidelines for clinical electrophysiology, therapeutic technologies, and wound management by 2012.

STRATEGIES

- a. Receive APTA approval of Guide for Integumentary/Wound Management content in professional physical therapist education and disseminate beginning in December 2007 (eg, website, JOPTe, CSM, academic programs).
- b. Assemble task forces for clinical electrophysiology and therapeutic technologies to initiate/revise clinical electrophysiology and therapeutic technologies curriculum guidelines by December 2008.
- c. Submit drafts of clinical electrophysiology and therapeutic technologies, Guide for professional physical therapist education documents to APTA for review by December 2010.
- d. Receive APTA approval of clinical electrophysiology and therapeutic technologies Guide for professional physical therapist education and disseminate by 2012.
- e. Develop a survey of PT educators regarding the use/benefit of wound management curriculum by 2011.
- f. Survey PTA educators regarding the need for PTA curriculum guidelines on clinical electrophysiology, therapeutic technologies, and wound management by December 2009.
 - 1. Increase the number of Section education session and abstract proposals by the Section to CSM by 10% by 2009.

STRATEGIES

- a. Post submission guidelines and helpful hints on the Section website in February 2008.
- b. Send a personal e-mail invitation/reminder to all section members regarding submission guidelines by the end of February 2008.
 - 1. Investigate the effectiveness of CSM 2009 Section programming by May 2009.

STRATEGIES

- a. Develop an online survey for Section attendees at CSM 2009 to determine how CSM content might be incorporated into practice by April 2009.
- b. Make a link to the online survey on the section web site available on May 1, 2009 with a reminder announcement in the April 2009 newsletter.

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Strategic Plan

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1. Create education resources and links for clinical electrophysiology, therapeutic technologies, and wound management to be accessible via the Section web site by 2010.

STRATEGIES

- a. Assemble a collaborative task force to compile education resources from clinical electrophysiology, therapeutic technologies, and wound management to be linked to the Section web site by December 2009.

1. Develop a downloadable tri-fold brochure detailing clinical electrophysiology, therapeutic technologies, and wound management for dissemination at community and health-related events by December 2011.

STRATEGIES

- a. Assemble a collaborative task force to develop a brochure for the section by December 2011.
- b. Introduce the brochure at CSM 2012.
- c. Invite communication with APTA Public Relations/Marketing to incorporate section images in future marketing efforts in 2008.

GOAL 4

Enhance member participation and collaboration through transparent communication of section initiatives and clinical practice related to clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management.

OBJECTIVE

1. Enhance the Section newsletter, by including information in every newsletter on clinical electrophysiology, therapeutic technologies, and wound management beginning in 2008.

STRATEGIES

- a. Publish three electronic issues newsletters per year. The issue following CSM will be published in hard copy and include the abstracts presented at CSM beginning in 2008.
- b. Identify a champion to ensure that each of the areas contributes items every newsletter.
- c. Solicit articles from clinical electrophysiology, therapeutic technologies, and wound management for each issue.
 1. Update and enhance the Section's web site on an ongoing basis.

STRATEGIES

- a. Investigate the use of a professional webmaster to enhance the Section's web site by February 2008.
- b. Edit language used on the web site to be congruent with Mission, Vision, and Goals of the Section, subject to APTA approval.
- c. Publish access to the Section web site in each newsletter.
- d. Investigate creating links to other websites with related content by June 2008.

2. Investigate the interest in and feasibility of resuming the SCEWM Journal by February 2009.

STRATEGIES

- a. Survey membership for their interest in reading and contributing to a section journal by August 2008.
- b. Evaluate and report the results of the survey at CSM 2009.
- c. Executive committee to make a decision regarding the status of a section journal following CSM 2009.
 1. Determine the best form of interactive communication to Section members by February 2010.

STRATEGIES

- a. Survey section member interest in developing and using a list serve by August 2008.
- b. Evaluate and report the list serve survey results to the membership by CSM 2009.
 2. Expand the use of broadcast e-mails to the entire Section membership by January 2008.

STRATEGIES

- a. Develop and update current Section e-mail list; Section to obtain current e-mail list from APTA by January 2008.
- b. Section chair and clinical electrophysiology, therapeutic technologies, and wound management leaders to provide periodic, timely information to members on an ongoing basis.
 1. Align Section members with areas of interest in clinical electrophysiology, therapeutic technologies, and wound management by February 2009.

STRATEGIES

- a. Provide a mechanism for new members to continue to self-select areas of interest in clinical electrophysiology, therapeutic technologies, and wound management in 2008.
- b. Investigate the feasibility of APTA providing a similar mechanism for members to self-select their areas of interest on the membership renewal form by June 2008.
- c. Provide a checklist on the website for members to indicate their areas of preference in the section by January 2009.
 1. Increase attendance at each CSM Section meeting by 10% in 2008, 2009, and 2010.

STRATEGIES

- a. Include exciting and engaging announcement in the fall newsletter about CSM Programming Section business meeting.
- b. In January, send broadcast e-mail with an agenda for the CSM Section business meeting and programming.
- c. Discuss with APTA and Sections alternative options for scheduling business meetings at CSM beginning February 2009.

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Strategic Plan

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1. Increase visibility of and member identification with the SCEWM by February 2010.

STRATEGIES

- a. Distribute section identifier:
 - i) ribbons at CSM 2008
 - ii) Section pins CSM 2009
 - b. Provide section gift to members at CSM 2010.
 - c. Design and produce a new section booth for CSM 2009.
 - d. Participate at an exhibit booth at other professional conferences (eg, national student conclave, Wound Care Congress, APTA, annual conference) beginning in 2010.
 - e. Investigate advertising SCEWM in other publications in February 2010.
2. Solicit membership participation in implementing the section strategic plan.

STRATEGIES

- a. Publicize the strategic plan in the section newsletter in October 2007.
 - b. Designate a champion for each strategic plan goal by January 2008.
 - c. Provide opportunities for members to sign up to assist with strategies/objectives at CSM 2008.
 - d. Provide information regarding volunteer opportunities, methods, and avenues to increase active involvement in the Section newsletter published after CSM 2008.
3. Investigate the feasibility of providing external administrative support for the SCEWM.

STRATEGIES

- a. Investigate alternatives for providing section administrative support by examining APTA, other external contractor, part-time administrator, and other resources considering fiscal constraints by December 2008.

The Strategic Plan for the Section on Clinical Electrophysiology and Wound Management

By Jaimee Haan

In the Fall 2007 Section Newsletter, our President, Pam Unger, reported on a strategic planning session that took place in August of 2007 at the APTA Headquarters. As Pam mentioned, the three arms of practice within our section found many similarities in terms of our needs and goals. After long discussion, and much effort on the part of the executive committee and other key members in each area of practice, the Section's mission and vision were defined. Based on the mission and vision, Section goals were identified, along with objectives and strategies to achieve them. Please take a moment to review the Section on Clinical Electrophysiology and Wound Management's Strategic Plan. You will notice that delays in the approval process now warrant revision of some goal timelines, so please focus on the content of the document. The strategic plan will be discussed at the SCEWM business meeting at the Combined Section's Meeting in Las Vegas in February 2009 and we encourage members to attend.

The Section Bylaws Get an Update!

By Karen Gibbs

Membership Committee Chair

Over this last year, a group of Section members has been working with the Section President to update our bylaws. The new Proposed Bylaws Draft is included in this Newsletter along with a copy of the original Bylaws. Areas of change in the Proposed Bylaws Draft are highlighted in yellow to make it easier to locate changes - and there are several!

Please look over these documents and let us know if you have comments or concerns regarding proposed updates. Email your comments to me at kgibbs@txstate.edu. We will be discussing the Proposed Bylaws Draft at the Section business meeting at CSM in Las Vegas this February and will be voting on the changes at that time. If you are unable to attend, please get your comments to me at least one week prior to CSM so I can make sure your concerns are heard.

I hope you will attend the meeting during CSM and take an active part in developing the bylaws for your Section!



ORIGINAL Bylaws of Section On Clinical Electrophysiology and Wound Management Inc. of the American Physical Therapy Association

- Adopted by the Section on Electrophysiological and Electrokinesthesiological Measurements in June, 1974
- Approved by the Board of Directors of the American Physical Therapy Association, February 20, 1975
- Amended June 14, 1980
- Amended February 23, 1981
- Amended June 8, 1986
- Approved by the Board of Directors of the American Physical Therapy Association, July 21, 1986
- Amended June 11, 1989
- Amended August 1, 1990
- Amended February 2, 1991
- Approved by the Board of Directors of the American Physical Therapy Association, March 3, 1991
- Amended February 8, 1992
- Amended March 12, 1993
- Amended January 22, 1994
- Amended June 15, 1996
- Amended February 10, 1997
- Amended February 22, 2000
- Amended May 28, 2001
- Amended July 27, 2001
- Amended June 8, 2002
- Amended March 11, 2003
- Approved January 27, 2005 by the Board Committee to Review Component Documents

Mission Statement

To serve our society, membership, and profession by fostering and advancing education, research, and health policy related to the practice of clinical electrophysiologic evaluation, electrotherapeutics, physical agents and integumentary wound management.

Vision Statement

The section will be recognized as the subject matter expert and quality service provider in the development of educational programming, advancement of research agendas and initiation of political actions as they relate to the practice of electrophysiologic evaluation, electrotherapeutics, physical agents and integumentary wound management.

ARTICLE I. Name

The Section on Clinical Electrophysiology and Wound Management Inc, hereinafter referred to as the Section, shall be a section of the American Physical Therapy Association, hereinafter referred to as the Association.

ARTICLE II. Purpose

The purpose of this Section shall be:

- A. To further the objectives of the Association as expressed in the Association Bylaws and Policy Statements made by the House of Delegates.

- B. To meet the needs of persons interested in electrotherapeutic intervention, electrophysiologic evaluation, electrokinesthesiologic procedures, and integumentary wound management herein referred to as clinical electrophysiology applicable to the profession of physical therapy.

ARTICLE III. OBJECTIVES

- A. To carry out the functions of the Association as set forth in the Association Bylaws and Policy Statements made by the House of Delegates.
- B. To provide forums for education in clinical electrophysiology.
- C. To provide mechanisms for the exchange of information among physical therapy educators, researchers, practitioners and other persons interested in clinical electrophysiology.
- D. To identify and promote utilization of standards of competency for practice, research and education in clinical electrophysiology.
- E. To identify and respond to areas of concern related to clinical electrophysiology.

ARTICLE IV. MEMBERSHIP

Section 1. Categories and Qualifications of Members

The Section membership categories and qualifications for Active, Life, Affiliate, Life Affiliate, Student and Student Affiliate, Retired Active, and Retired Affiliate shall be the same as those of the Association.

Section 2. Rights and Privileges of Members

The rights and privileges of the Section's members shall be identical to those established in the Association's bylaws.

Section 3. Application

An eligible Association member shall apply to the Association for Section membership. Upon payment of current Section dues, the applicant shall become a member of the Section.

Section 4. Good Standing

A member is in good standing within the meaning of these Bylaws if the member:

- A. Is in good standing in the Association.
- B. Pays all Section dues.

Section 5. Disciplinary Action

A. Any member of the Section who is suspended by the Association shall have his or her membership privileges suspended in the Section. Any member who is expelled from membership in the Association shall be expelled from Section membership.

B. Any member of the Section who fails to make timely payment of required Section dues shall be expelled from Section membership.

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Section 6. Reinstatement

Any former member of the Section who is in good standing in the Association may be reinstated to membership in the Section by payment of the required Section dues.

ARTICLE V. Special Interest Groups

Section 1.

Special Interest Groups may be established by the Section and shall be subject to the rules and conditions set down by the Association and by the Section.

- A. **Name:** The name of the Special Interest Group will be the Wound Management Special Interest Group (WMSIG).
- B. **Purpose:** The WMSIG shall provide a forum for Section members having a common interest in physical therapy for wound management to meet, confer, and promote patient care through education, clinical practice, and research.
- C. **Formation and Dissolution:** Special Interest Groups of the Section may be established and dissolved in accordance with the rules and conditions set down by the Section's governing body.

Section 2. Limitations

Special Interest Groups are subject to the following limitations:

- A. Bylaws and policies of the Association and the Section.
- B. No Special Interest Group shall profess or imply that it speaks for or represents the Section or members other than those currently holding membership in the Special Interest Group unless authorized to do so in writing by the Section's governing body.

ARTICLE VI. Meetings

- A. There shall be at least one (1) Section Business Meeting per year.
- B. The Annual Meeting of the Section shall be held at the time and place of the Combined Sections Meeting of the Association.
- C. Special business meetings may be held during any calendar year, in conformity with Association policy. Special meetings may be called by the President, four members of the Executive Committee, or by petition of 20% of the Section membership to the Executive Committee or President. 60 days written notice shall be provided to the membership for such Special Business Meetings.
- D. Attendance at business meetings is limited to Section members in good standing and guests invited by the Executive Committee.
- E. A quorum of the membership is fifteen (15) members.
- F. All meeting minutes shall be submitted to the Association within 45 days of the date of the meeting.

ARTICLE VII.

Officers and Executive Committee

Section 1. Name of Officers

The officers of the Section shall be the President, Vice-President/Continuing Education Chair, Treasurer, Secretary, Program Chair, and Publications Chair.

Section 2. Qualifications of Officers

Only such members of the Section as are provided for in the Association's Bylaws, Article IV, Section 3, Sub-paragraph B. (3).b, who have consented to serve, shall be eligible for election to office. Affiliate, Retired Affiliate, and Life Affiliates may hold office subject to the limitations specified in the Association Bylaws, Article V, Section 5, Subparagraph C.

Section 3. Tenure of Officers

- A. Officers shall serve a term of two years or until the election and installation of their successors.
- B. No member shall serve more than two consecutive terms in one office nor hold more than one office at a time.
- C. The term of office for the President, Vice-President/Continuing Education Chair, Secretary, and Publications Chair shall commence July 1, of the year in which they are elected.
- D. The term of office for the Program Chair and Treasurer shall commence at the end of the fiscal year in which they are elected.
- E. The President, Publications Chair, and Program Chair shall be elected on even numbered years.
- F. The Vice-President/Continuing Education Chair, Treasurer, and Secretary shall be elected on odd numbered years.

Section 4. Duties of Officers

- A. The President shall:
 - 1. Call and preside at all meetings of the Section and Executive Committee and shall serve, ex officio, as a member of all committees except the Nominating Committee.
 - 2. Recommend to the Executive Committee the appointment and the creation of special and advisory committees.
 - 3. Submit a written annual report of the Section to the Association by February 15.
 - 4. Have the privilege of appointing a parliamentarian, without loss of membership rights.
 - 5. Notify the Association of the name of the Section's delegate as required by the Association and the Standing Rules of the House of Delegates.
 - 6. Serve as Immediate Past President upon completion of term as President.
- B. The Vice-President/Continuing Education Chair shall:
 - 1. Assume the duties of the President if the President is absent or unable to serve.
 - 2. Succeed to the position of President in the event of a vacancy in the office of President, for the unexpired portion of the term.

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3. Serve as Chair of the Continuing Education Committee and appoint members to serve on the Continuing Education Committee consistent with policies and procedures established.
 4. Review/approve content, faculty and budget for all Section sponsored continuing education programs.
 5. Be responsible for planning and coordinating all continuing education programs of the Section in cooperation with the Program Chair.
 6. Submit a written annual report to the President at least ten calendar days prior to the annual meeting, for presentation at the annual meeting.
 7. Serve as the Section Delegate.
- C. The Treasurer shall:
1. Receive and dispense Section monies.
 2. Develop, with the assistance of the Executive Committee, an annual budget, and be responsible for publishing the proposed budget at least 30 calendar days prior to the annual meeting.
 3. Submit an audited financial report for the previous fiscal year to the Section President by February 15.
- D. The Publications Chair shall:
1. Serve as administrative director for publications.
 2. Review and approve all publications of the Section.
 3. Submit a written report to the President at least ten calendar days prior to the annual meeting, for presentation at the annual meeting.
- E. The Secretary shall:
1. Record and distribute the minutes of all Section meetings and meetings of the Executive Committee to members of the Executive Committee in a timely fashion.
 2. Maintain a record of all official actions and decisions of the Section and Executive Committee.
 3. Serve as historian of the Section.
 4. Shall be responsible for drafting Bylaw changes to be presented to the Executive Committee or voted on by the general membership of the Section.
 5. Maintain the policies and procedural documents of the Section, and coordinate the strategic planning process.
 6. Minutes/reports of all Section Business Meetings shall be submitted to the Association staff liaison within 45 calendar days following the Section's meeting.
- F. The Program Chair shall:
1. Familiarize the newly elected Program Chair with Section procedures for CSM program development.
 2. Plan Section programs for CSM and the Association's Annual Scientific Meeting in accordance with Association guidelines and coordinate other Section programming with the Chair of the Continuing Education Committee.
 3. Serve as a member of the Continuing Education Committee.
 4. Submit a written report to the President at least ten calendar days prior to the annual meeting, for presentation at the annual meeting.
- G. The Immediate Past President:
1. Shall serve as member of the Executive Committee with voting privileges.
 2. Shall serve as Chair of the Awards Committee and appoint members to serve on the Awards Committee consistent with policies and procedures established.
 3. Be responsible for the Section Display Booth consistent with established policies and procedures.
 4. Submit a report to the Section President at least ten calendar days prior to the Annual Meeting, for presentation at the Annual Meeting.
- ### Section 5. Transfer of Records by Officers
- Upon termination of office of service, each officer shall transfer appropriate records, in proper order, to the successor of that office not more than 30 calendar days after leaving office with the exception of the office of Treasurer, who will transfer records upon leaving office.
- ### Section 6. Composition and Duties of the Executive Committee
- The Executive Committee shall:
- A. Be composed of the six elected officers and the Immediate Past President.
 - B. Conduct Section business between annual and special business meetings.
 - C. Create and appoint special and advisory committees necessary to accomplish the objectives of the Section.
 - D. Appoint members to fill vacancies occurring in the offices of the Vice-President/Continuing Education Chair, Publications Chair, Secretary, Program Chair, and Treasurer. Those appointed to such offices shall serve until the next duly scheduled election for the particular office in question.
 - E. Fill vacancies occurring on the Nominating Committee, by a majority vote.
 - F. Carry out the mandates and policies of the Section as determined by the Section members.
 - G. Have the power to authorize vote by mail of Section membership as prescribed in the Bylaws.
 - H. Assist the Treasurer in developing the Section's annual budget.
 - I. Authorize expenditures in excess of the adopted budget.
 - J. Appoint a Nominating Committee Chair on July 1, of each year.
 - K. Appoint Subcommittee Chairs for the Committee on Practice on July 1, of the year in which the term expires.
 - L. Appoint an alternate delegate, if required.

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- M. Meet regularly during the annual Combined Sections Meeting and annual Scientific Meeting.
- N. The President is authorized to call special meetings of the Executive Committee when necessary with at least 60 days notice. A special meeting shall be called upon written petition of 50% of the Executive Committee.

Section 7. Quorum

A quorum of the Executive Committee is four (4) members.

Section 8. Vacancies

- A. A vacancy on the Executive Committee or Committee Chair(s) position shall be declared by a majority vote of the Executive Committee upon the occurrence of:
 - 1. Inability to perform duties.
 - 2. Resignation or death of a member.
- B. A vacancy in the office of President shall be filled by the Vice-President. Vacancy for other officers shall be filled by Executive Committee appointment.

Section 9. Dismissal from Office or Committee

- A. Cause for dismissal shall be determined by a majority vote of the Executive Committee upon the occurrence of:
 - 1. Failure to perform the duties as described in these Bylaws.
 - 2. Failure to comply with APTA ethical standards.

ARTICLE VIII. Committees

Section 1. Nominating Committee

- A. The Nominating Committee shall consist of three (3) active, retired active, or life members of the Section in good standing.
- B. One (1) member shall be elected annually.
- C. Each member of the Nominating Committee shall serve a term of three (3) years and shall not serve more than two (2) consecutive terms.
- D. The Nominating Committee Chair shall be appointed from the elected Nominating Committee members by the Executive Committee on July 1, of each year.
- E. The Nominating Committee shall be responsible for:
 - 1. Preparing a slate of nominees for each elected office and position becoming vacant as described in the Section's bylaws.
 - 2. Coordination of mail ballot procedures.
- F. Vacancies to the nominating committee shall be filled by a majority vote of the Executive Committee. Any such appointee shall serve until the next duly scheduled election for that particular position on the committee.
- G. Members of the Nominating Committee may run for and be elected to "offices" of the Section while serving on the Nominating Committee. However,

if elected, they would be ineligible to continue on the Nominating Committee, and their position would be filled by an individual appointed by the Executive Committee.

Section 2. Continuing Education Committee

- A. Shall be chaired by the Vice-President.
- B. Shall consist of 6 committee members plus the Committee Chair and the Program Chair.
- C. The Committee Chair will have voting privileges only on cases of a tie vote.
- D. The Program Chair serves in an advisory capacity and has no vote.
- E. Members will be appointed by the Vice-President/ Continuing Education Chair and approved by the Executive Committee.
- F. At least one member, at all times, will be an E.C.S. who is participating in the planning and implementation of the Electrophysiologic Evaluation curriculum.
- G. Terms will commence on July 1.
- H. Each member will serve a term of two years.
- I. A maximum of three members will be appointed annually.
- J. Shall review/approve the content, faculty and budget of all proposed Section sponsored continuing education programs.
- K. Shall develop/implement programs based upon the continuing education needs of the membership.

Section 3. Committee on Practice

- A. The function of this committee is to serve the membership by gathering information on current federal and state legislation, legal actions, and practice and reimbursement issues for both clinical electrotherapy and electrophysiologic evaluation. The committee will be composed of two subcommittees: Clinical Electrotherapy and Electrophysiologic Evaluation.
- B. Each Subcommittee Chair shall be appointed by the Executive Committee on July 1, of the appropriate year: the Electrophysiologic Evaluation Subcommittee Chair on the odd numbered years and the Electrotherapy Subcommittee Chair on the even numbered years, each for a term of two years.
- C. The Committee on Practice shall consist of a total of at least eight members approved by the Executive Committee.
- D. Shall make recommendations to the Executive Committee regarding advice to be given to inquiring parties seeking assistance with legislative, legal, practice, and reimbursement issues that influence the practice of clinical electrotherapy and electrophysiologic evaluation and implement the provision of these advisory/assistance services in accordance with guidelines approved by the Executive Committee.
- E. Shall make recommendations to the Executive Committee regarding entry level knowledge and

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entry level practice as it relates to electrotherapy and clinical electrophysiologic evaluation.

- F. Upon request, shall submit a report to the general membership regarding its activities at the Section's business meetings.

Section 4. Finance Committee

- A. Chaired by the Treasurer; with committee members selected from EC will develop and maintain the budget, provide audit data on request to EC, submit biannual Finance Committee reports for review to appropriate echelons and for dissemination to membership.

Section 5. Special Committees

- A. Such special committees and councils as the Section or the Executive Committee deem necessary shall be appointed by the Executive Committee.

ARTICLE IX. Section Delegate

The Section Delegate:

1. Shall be a non-voting member of the House of Delegates for the primary purpose of representing the Section's interest in the policies presented to the membership of the Association.
2. If the Vice-President is unable to serve as Section Delegate an alternate shall be appointed by the Section Executive Committee by January 1, of each year.
3. Delegate or alternate may not concurrently serve as a delegate for any other chapter or component of the Association.
4. Delegate or alternate must be an active or affiliate Section member in good standing and must have been an APTA member, in any category of membership, in good standing for not fewer than two years immediately preceding their term as Delegate or alternate.
5. Section Delegate shall be represented in the House of Delegates at least once every third year.

ARTICLE X. Nominations, Elections and Voting

Section 1. Nominations

- A. Prior to each election, the Nominating Committee shall prepare a slate of one or more nominees for each office and position on the Nominating Committee, becoming vacant. Only those members in good standing and consenting to serve shall be considered by the Nominating Committee.
- B. Requests for nominations shall be published annually in a fall Section publication.
- C. A slate of nominees shall be distributed to the Section membership and postmarked 30 calendar days prior to the Section's Annual Meeting at CSM.
- D. Nominations from the floor shall be accepted during the Section's Annual Business Meeting at

Combined Sections Meeting after which time, nominations will be declared closed.

Section 2. Voting

- A. The voting body shall be composed of those Section members in good standing who have voting privileges in the Association.
- B. Voting by mail ballot:
1. All returned legal ballots shall constitute the number necessary for a legal vote.
 2. The positions to be filled, candidate statements, and/or the question to be decided and appropriate supporting information shall be provided with the ballot.
 3. The ballot will be distributed to the Section membership in good standing at least 80 calendar days prior to the Association's Annual Scientific Meeting.
 4. Instructions for completing and returning the ballot shall be printed on each ballot.
 5. The deadline for return of ballots shall be printed on the ballot. This deadline shall be no sooner than 30 calendar days after the date mailed to the membership.
 6. Ballots must be received no later than 30 days following the published deadline to be considered valid. However, all ballots to be considered valid, must be postmarked no later than the day of the deadline.
 7. The Chair of the Nominating Committee or designate shall receive the mail ballots and verify the voter's status, and assure that no duplicate ballots were cast.
- C. Section members in good standing eligible to vote must use an official Section on Clinical Electrophysiology ballot form.

Section 3. Elections

- A. Elections shall be by mail ballot and coordinated by the Nominating Committee.
- B. A plurality of the votes cast will determine the winner in all elections.
- C. The mail ballots shall be tallied by at least two Section members (tellers) in good standing appointed by the president official during the Section Executive Committee meeting at the Association's Annual Scientific Meeting.
- D. The results of the election will be reported to the Section membership in the Section publication. Results will be mailed to the Association's headquarters within 30 calendar days of being tallied.
- E. If a vote fails to determine election, reballoting shall be conducted under procedures determined by the Nominating Committee noted in Article X, Section 1, 2, and 3. (Incoming bylaw chair needs to address to Executive Committee, see parliamentary notes dated 17 Jul 01).

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Original Blaws*Continued from page 10***ARTICLE XI. Finance****Section 1. Fiscal Year**

The fiscal year of the Section is January 1 through December 31.

Section 2. Dues

A. The dues of the Section shall be for 12 months of membership and will coincide with the member's National expiration date. Student and student affiliate member dues are for 12 months from the time of renewal or join date. As of the last day of the graduation month, the student or student affiliate member automatically converts to the active or affiliate member category for the remainder of the 12 months of membership. Once the membership remainder expires, these new active and affiliate members are eligible for one year of membership at 50% of the Association and chapter dues rate for an active or affiliate member.

B. The dues for each membership category shall be:

1. Active member: \$35.00
2. Active-Student: \$5.00
3. Life member: no dues
4. Affiliate member: \$25.00
5. Affiliate Life member: no dues
6. All student categories: \$5.00

C. The dues of the Section will not exceed the dues of the Association without specific approval of the Board of Directors of the Association.

Section 3. Limitation on Expenditures

A. No officer, committee or employee shall spend any money not provided for in the budget as adopted by the Section, nor spend any Section money in excess of budget allotment except by the approval of the Executive Committee of the Section.

B. The Executive Committee of the Section shall have the power to authorize expenditures in excess of the adopted budget. Such expenditures shall not be in excess of current financial resources. Notification of the amount and rationale of said expenditures will appear in the next Section publication.

Section 4. Financial Statements

The Section shall submit its annual financial statements, tax returns, and audit report to the Association when and as directed by APTA Headquarters.

ARTICLE XII.**Publications and Communications****Section 1. Publications**

The SECTION NEWSLETTER is the official publication of the Section. Publication of meeting notices and the prior notices of issues to be voted upon in the SECTION NEWSLETTER shall constitute official notice to all members, provided the Section publication(s) has been mailed the required number of days prior to the meeting date.

Section 2. Communications

All members, including officers, must have permission from the Executive Committee before distribution of any Section reports to persons other than Section members. They must also have approval from the Executive Committee to represent the Section on radio, television, through newspapers or interviews, or at a public or professional meeting.

ARTICLE XIII. Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Section in all cases in which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Section may adopt.

ARTICLE XIV.**Amendments and Dissolution****Section 1. Amendments**

A. These Bylaws may be amended at any annual or special meeting of the Section or by mail ballot, by a two-thirds (2/3) majority vote of those members present and voting provided a copy of the proposed amendments have been sent to all members at least thirty (30) calendar days prior to the Section's business meeting. Amendments to the Section's bylaws become effective upon approval in writing by the Association's Board of Directors. (Exception: changes in section dues become effective on the first of the Section's next fiscal year following approval)

B. When amendments in Association Bylaws require amendments of Section Bylaws, the Secretary shall prepare the necessary amendments and submit them to the Executive Committee for approval. The amended Bylaws will be submitted to the Board of Directors of the Association for automatic approval and will not require a vote by the Section membership.

C. A current copy of Section Bylaws, including date of adoption, must be filed with the Association within 30 days of adoption.

Section 2. Dissolution

A. Involuntary dissolution of the Section by action of the Association Board of Directors shall be as prescribed by the Association Bylaws.

B. Voluntary dissolution, being in effect a motion to rescind the Bylaws, shall require the same notice and vote as to amend. Any members on record shall be notified of the resolution to dissolve at least ninety (90) calendar days prior to the meeting at which the vote on the resolution would be taken.

ARTICLE XV.**Association As Higher Authority**

In addition to these Bylaws, the Section is governed by the Association Bylaws and Standing Rules, and by Association policies.

PROPOSED DRAFT Bylaws of the Section On Clinical Electrophysiology and Wound Management Inc. (SCEWM) of the American Physical Therapy Association APTA)

- Adopted by the Section on Electrophysiological and Electrokinesthesiological Measurements, June 1974
- Approved by APTA Board of Directors, February 20, 1975
- Amended June 14, 1980
- Amended February 23, 1981
- Amended June 8, 1986
- Approved by APTA Board of Directors, July 21, 1986
- Amended June 11, 1989
- Amended August 1, 1990
- Amended February 2, 1991
- Approved by APTA Board of Directors, March 3, 1991
- Amended February 8, 1992
- Amended March 12, 1993
- Amended January 22, 1994
- Amended June 15, 1996
- Amended February 10, 1997
- Amended February 22, 2000
- Amended May 28, 2001
- Amended July 27, 2001
- Amended June 8, 2002
- Amended March 11, 2003
- Approved by APTA Board Committee to Review Component Documents, January 27, 2005
- (Proposed Amendments February 2009)

Mission Statement

The mission of the SCEWM is to passionately advocate for and embody the highest standards of care and best practice in clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents), and wound management physical therapy through education and communication to healthcare providers; consumers and legislative, regulatory and reimbursement entities.

Vision Statement

The vision of the SCEWM is to align the three uniquely focused areas of clinical electrophysiology, therapeutic technologies (electrotherapy/physical agents) and wound management to provide a coordinated effort toward and promotion of evidence-based practice, clinical specialization and transdisciplinary care.

ARTICLE I. Name

The Section on Clinical Electrophysiology and Wound Management Inc, hereinafter referred to as the Section, shall be a section of the American Physical Therapy Association, hereinafter referred to as the Association.

ARTICLE II. Purpose

The purpose of this Section shall be:

To further the objectives of the Association as expressed in the Association Bylaws and Policy Statements made by the House of Delegates.

To meet the needs of persons interested in electrotherapeutic intervention, electrophysiologic evaluation, electrokinesthesiologic procedures, and integumentary wound management herein referred to as clinical electrophysiology and wound management applicable to the profession of physical therapy

ARTICLE III. Objectives

- To carry out the functions of the Association as set forth in the Association Bylaws and Policy Statements made by the House of Delegates.
- To provide forums for education in clinical electrophysiology and wound management.
- To provide mechanisms for the exchange of information among physical therapy educators, researchers, practitioners and other persons interested in clinical electrophysiology and wound management.
- To identify and promote utilization of standards of competency for practice, research and education in clinical electrophysiology and wound management.
- To identify and respond to areas of concern related to clinical electrophysiology and wound management.

ARTICLE IV. Membership

Section 1: Categories and Qualifications of Members

The Section membership categories and qualifications for Physical Therapist and Life Physical Therapist, Physical Therapist Assistant and Life Physical Therapist Assistant, Student Physical Therapist and Student Physical Therapist Assistant, Retired Physical Therapist and Retired Physical Therapist Assistant shall be the same as those of the Association.

Section 2: Rights and Privileges of Members

The rights and privileges of the Section's members shall be identical to those established in the Association's bylaws.

Section 3: Application

An eligible Association member shall apply to the Association for Section membership. Upon payment of current Section dues, the applicant shall become a member of the Section.

Section 4: Good Standing

A member is in good standing within the meaning of these Bylaws if the member:

- Is in good standing in the Association
- Pays all Section dues

Section 5: Disciplinary Action

Any member of the Section who is suspended by the Association shall have his or her membership privileges suspended in the Section.

Any member who is expelled from membership in the

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Association shall be expelled from Section membership.

Any member of the Section who fails to make timely payment of required Section dues shall be expelled from Section membership.

Section 6: Reinstatement

Any former member of the Section who is in good standing in the Association may be reinstated to membership in the Section by payment of the required Section dues.

ARTICLE V. Special Interest Groups

Section 1: Establishment

Special Interest Groups may be established by the Section and shall be subject to the rules and conditions set down by the Association and by the Section.

Name: The name of the Special Interest Group for wound management will be the Wound Management Special Interest Group (WMSIG).

Purpose: The WMSIG shall provide a forum for Section members having a common interest in physical therapy for wound management to meet, confer, and promote patient care through education, clinical practice, and research.

Formation and Dissolution: Special Interest Groups of the Section may be established and dissolved in accordance with the rules and conditions set down by the Section's governing body.

Section 2: Limitations

Special Interest Groups are subject to the following limitations:

Bylaws and policies of the Association and the Section. No Special Interest Group shall profess or imply that it speaks for or represents the Section or members other than those currently holding membership in the Special Interest Group unless authorized to do so in writing by the Section's governing body.

ARTICLE VI. Meetings

- A. There shall be at least one (1) Section Business Meeting per year.
- B. The Annual Meeting of the Section shall be held at the time and place of the Combined Sections Meeting of the Association.
- C. Special business meetings may be held during any calendar year, in conformity with Association policy. Special meetings may be called by the President, four members of the Executive Committee, or by petition of 20% of the Section membership to the Executive Committee or President. Sixty days written notice shall be provided to the membership for such Special Business Meetings.
- D. Attendance at business meetings is limited to Section members in good standing and guests invited by the Executive Committee.
- E. A quorum of the membership is fifteen (15) members.
- F. All meeting minutes shall be submitted to the Association within 45 days of the date of the meeting.

ARTICLE VII.

Officers and Executive Committee

Section 1: Name of Officers

The officers of the Section shall be the President, Vice-President, Treasurer, Secretary, Program/Education Chair, and Publications Chair.

Section 2: Qualifications of Officers

Only such members of the Section as are provided for in the Association's Bylaws, Article IV, Section 3, Subparagraph (3).b, who have consented to serve, shall be eligible for election to office. Physical Therapist assistant, Retired Physical Therapist Assistant, and Life Physical Therapist Assistant may hold office subject to the limitations specified in the Association Bylaws, Article V, Section 5, Subparagraph C.

Section 3: Tenure of Officers (Sections have been reordered)

- A. Officers shall serve a term of three years or until the election and installation of their successors.
- B. No member shall serve more than two consecutive terms in one office nor hold more than one office at a time. Being an officer does not preclude a member from simultaneous participation as a chair or member of Section committees.
 - a. The term of office for officers shall commence at the beginning of the CSM annual business meeting.
 - b. The President, Program Chair, and Publications Chair shall be elected on the same ballot for the same duration of office. Election of these positions are considered cycle one elections and may not take place within the same calendar year as elections for other Executive Committee members in order to promote mentoring of incoming officers.
 - c. The Vice-President, Treasurer, and Secretary shall be elected on the same ballot for the same duration of office. Election of these positions are considered cycle two elections and may not take place within the same calendar year as elections for other Executive Committee members in order to promote mentoring of incoming officers.

Section 4 Duties of Officers

- A. The President shall:
 - a. Preside at all meetings of the Section and Executive Committee during the annual Combined Sections Meeting and shall serve, ex officio, as a member of all committees except the Nominating Committee.
 - b. Recommend to the Executive Committee the appointment and the creation of special and advisory committees.
 - c. Submit a written annual report of the Section to the Association by February 15.
 - d. Have the privilege of appointing a parliamentarian, without loss of membership rights.
 - e. Notify the Association of the name of the Section's delegate as required by the Association and the Standing Rules of the House of Delegates.

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- f. Serve as Immediate Past President upon completion of term as President.
- B. The Vice-President shall:
 - a. Assume the duties of the President if the President is absent or unable to serve.
 - b. Succeed to the position of President in the event of a vacancy in the office of President, for the unexpired portion of the term.
 - c. Submit a written annual report to the President at least ten calendar days prior to the annual meeting, for presentation at the annual meeting.
 - d. Serve as the Section Delegate.
 - e. Oversee the Section website.
 - f. Shall be responsible for drafting Bylaw changes to be presented to the Executive Committee or voted on by the general membership of the Section.
- C. The Treasurer shall:
 - a. Receive and dispense Section monies.
 - b. Develop, with the assistance of the Executive Committee, an annual budget, and be responsible for publishing the proposed budget at least 30 calendar days prior to the annual meeting.
 - c. Submit an audited financial report for the previous fiscal year to the Section President by February 15.
 - d. Monitor section investments utilizing association resources.
- D. The Publications Chair shall:
 - a. Serve as administrative director for publications.
 - b. Review and approve all publications of the Section.
 - c. Submit a written report to the President at least ten calendar days prior to the annual meeting, for presentation at the annual meeting.
- E. The Secretary shall:
 - a. Record and distribute the minutes of all Section meetings and meetings of the Executive Committee to members of the Executive Committee in a timely fashion.
 - b. Maintain a record of all official actions and decisions of the Section and Executive Committee.
 - c. Serve as historian of the Section.
 - d. Maintain the policies and procedural documents of the Section, and coordinate the strategic planning process.
 - e. Minutes/reports of all Section Business Meetings shall be submitted to the Association staff liaison within 45 calendar days following the Section's meeting.
- F. The Program Chair shall:
 - a. Continue in an advisory role for 3 months after leaving office to familiarize the newly elected Program Chair with Section procedures for CSM program development.
 - b. Plan Section programs for CSM and the Association's Annual Scientific Meeting in accordance with Association guidelines and coordinate other

Section programming with the Continuing Education Committee.

- c. Serve as Chair of the Education Committee and appoint members to serve on the Education Committee consistent with established policies and procedures.
 - d. Review/approve content, faculty and budget for all Section sponsored education programs.
 - e. Be responsible for planning and coordinating all education programs of the Section in cooperation with the Association's Program Chair.
 - f. Submit a written report to the President at least ten calendar days prior to the annual meeting for presentation at the annual meeting.
 - G. The Immediate Past President shall:
 - Provide assistance and guidance to the current president when requested.
 - Submit a report to the Section President at least ten calendar days prior to the Annual Meeting for presentation at the Annual Meeting.
- Section 5: Transfer of Records by Officers**
Upon termination of office of service, each officer shall transfer appropriate records, in proper order, to the successor of that office not more than 30 calendar days after leaving office with the exception of the office of Treasurer, who will transfer records upon leaving office.
- Section 6: Composition and Duties of the Executive Committee**
The Executive Committee shall:
- A. Be composed of the six elected officers and the Immediate Past President.
 - B. Conduct Section business between annual and special business meetings.
 - C. Create and appoint special and advisory committees necessary to accomplish the objectives of the Section.
 - D. Appoint members to fill vacancies occurring in the offices of the Vice-President, Publications Chair, Secretary, Program Chair, and Treasurer. Those appointed to such offices shall serve until the next duly scheduled election for the particular office in question.
 - E. Fill vacancies occurring on the Nominating Committee, by a majority vote.
 - F. Carry out the mandates and policies of the Section as determined by the Section members.
 - G. Have the power to authorize vote by mail of Section membership as prescribed in the Bylaws.
 - H. Assist the Treasurer in developing the Section's annual budget.
 - I. Authorize expenditures in excess of the adopted budget.
 - J. Appoint a Nominating Committee Chair at annual business meeting at CSM.
 - K. Appoint Subcommittee Chairs for the Committee on Practice at annual business meeting at CSM.
 - L. Appoint an alternate delegate, if required.

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M. Meet regularly during annual CSM.

N. The President is authorized to call special meetings of the Executive Committee when necessary with at least 60 days notice. A special meeting shall be called upon written petition of 50% of the Executive Committee.

Section 7: Quorum

A quorum of the Executive Committee is four (4) members.

Section 8: Vacancies

A. A vacancy on the Executive Committee or Committee Chair(s) position shall be declared by a majority vote of the Executive Committee upon the occurrence of:

- a. Inability to perform duties.
- b. Resignation or death of a member.

B. Vacancy in the office of President shall be filled by the Vice-President.

C. Vacancy for other officers shall be filled by Executive Committee appointment.

Section 9: Dismissal from Office or Committee

Cause for dismissal shall be determined by a majority vote of the Executive Committee upon the occurrence of:

- A. Failure to perform the duties as described in these Bylaws.
- B. Failure to comply with APTA ethical standards.

ARTICLE VIII. Committees

Section 1: Nominating Committee

A. The Nominating Committee shall consist of three Physical Therapist, Retired Physical Therapist, or Life Physical Therapist members of the Section in good standing.

B. One member shall be elected in cycle one and two members shall be elected in cycle two.

C. Each member of the Nominating Committee shall serve a term of three years and shall not serve more than two consecutive terms.

D. The Nominating Committee Chair shall be appointed from the elected Nominating Committee members by the Executive Committee at the annual business meeting at CSM.

E. The Nominating Committee shall be responsible for:

- a. Preparing a slate of nominees for each elected office and position becoming vacant as described in the Section's bylaws.

- b. Coordination of ballot procedures.

- c. Vacancies to the Nominating Committee shall be filled by a majority vote of the Executive Committee. Any such appointee shall serve until the next duly scheduled election for that particular position on the committee.

- d. Members of the Nominating Committee may run for and be elected to "offices" of the Section while serving on the Nominating Committee. However, if elected, they would be ineligible to

continue on the Nominating Committee and their position would be filled by an individual appointed by the Executive Committee.

Section 2: Education Committee

A. Shall be chaired by the Program Chair.

B. Shall consist of 6 committee members plus the Committee Chair.

C. The Committee Chair will have voting privileges only on cases of a tie vote.

D. Members will be appointed by the Executive Committee.

E. At least one member, at all times, will be an electrophysiologic clinical specialist (ECS) who is participating in the planning and implementation of the Electrophysiologic Evaluation curriculum.

F. Terms will commence at the annual business meeting at CSM.

G. Each member will serve a term of three years.

H. A maximum of three members will be appointed annually.

I. Shall review/approve the content, faculty and budget of all proposed Section sponsored continuing education programs.

J. Shall develop/implement programs based upon the continuing education needs of the membership.

Section 3: Committee on Practice

A. The function of this committee is to serve the membership by gathering information on current federal and state legislation, legal actions, and practice and reimbursement issues for wound management, clinical electrotherapy and electrophysiologic evaluation. The committee will be composed of two subcommittees: Clinical Electrotherapy and Electrophysiologic Evaluation as well as one Special Interest Group or SIG (Wound Management).

B. Each Subcommittee Chair shall be appointed by the Executive Committee at the annual business meeting at CSM.

C. Each member will serve a term of three years.

D. The Committee on Practice shall consist of a total of at least six members approved by the Executive Committee.

E. Shall make recommendations to the Executive Committee regarding advice to be given to inquiring parties seeking assistance with legislative, legal, practice, and reimbursement issues that influence the practice of clinical electrotherapy, wound management and electrophysiologic evaluation and implement the provision of these advisory/assistance services in accordance with guidelines approved by the Executive Committee.

F. Shall make recommendations to the Executive Committee regarding entry level knowledge and entry level practice as it relates to electrotherapy, wound management, and clinical electrophysiologic evaluation.

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- G. Upon request, shall submit a report to the general membership regarding its activities at the Section's business meetings.

Section 4: Finance Committee

- A. Chaired by the Treasurer; with committee members selected from Executive Committee will develop and maintain the budget, provide audit data on request to Executive Committee, submit biannual Finance Committee reports for review to appropriate echelons and for dissemination to membership.

Section 5: Membership Committee

- A. The Executive Committee will appoint a Membership Chair at the annual business meeting at CSM.
B. The Membership Committee will consist of at least four members approved by the Executive Committee.
C. One member of the Membership Committee will be appointed by the Membership Committee as Public Relations Coordinator.
D. Each member will serve a term of three years.
E. Shall be responsible for the Section Display Booth consistent with established policies and procedures.
F. Shall contact all new and renewing members to determine their specialty area of practice and forward that information to the subcommittee practice chairs or SIG.
G. Shall be responsible for maintaining current membership and future recruitment.

Section 6: Special Committees

Special committees as deemed necessary by the Section or Executive Committee shall be appointed by the Executive Committee.

ARTICLE IX. Section Delegate

Regarding the Section Delegate:

- A. Shall be a non-voting member of the House of Delegates for the primary purpose of representing the Section's interest in the policies presented to the membership of the Association.
B. If the Vice-President is unable to serve as Section Delegate an alternate shall be appointed by the Section Executive Committee by January 1, of each year.
C. Delegate or alternate may not concurrently serve as a delegate for any other chapter or component of the Association.
D. Delegate or alternate must be a Physical Therapist or Physical Therapist Assistant Section member in good standing and must have been an APTA member, in any category of membership, in good standing for not fewer than two years immediately preceding their term as Delegate or alternate.
E. Section Delegate shall be represented in the House of Delegates at least once every third year.

ARTICLE X. Nominations, Elections and Voting

Section 1: Nominations

- A. Prior to each election, the Nominating Committee shall prepare a slate of one or more nominees for each

office and position on the Nominating Committee becoming vacant. Only those members in good standing and consenting to serve shall be considered by the Nominating Committee.

- B. Nominations from the floor for the next cycle of elections during the Section's Annual Business Meeting at CSM shall be considered by the Nominating Committee for inclusion on the ballot.
C. Requests for nominations shall be published annually in the August Section publication.
D. A slate of nominees shall be distributed to the Section membership in the October newsletter.
E. Nomination suggestions shall be accepted and considered by the Nominating Committee until the slate is published in the October newsletter.

Section 2: Voting

- A. The voting body shall be composed of those Section members in good standing who have voting privileges in the Association.
B. Voting may be done by mail ballot or electronically per association guidelines.
C. If voting by mail ballot:
a. A minimum of 5% of the Section members must return legal ballots in order to constitute a legal vote. If 5% is not obtained by the announced deadline, the Nominating Committee will extend the deadline by 2 weeks and email all members requesting non-voters to cast their vote. If 5% participation is not reached after the 2 week extension, the vote will be considered invalid and the election process shall be repeated.
b. The positions to be filled, candidate statements, and/or the question to be decided and appropriate supporting information shall be provided with the ballot.
c. Ballots will be mailed by November 1.
d. Instructions for completing and returning the ballot shall be printed on each ballot.
e. The deadline for return of ballots shall be printed on the ballot. This deadline shall be no sooner than 30 calendar days after the date mailed to the membership.
f. To be considered valid, ballots must be post-marked no later than the day of the deadline.
g. The Chair of the Nominating Committee or designate shall receive the mail ballots and verify the voter's status, and assure that no duplicate ballots were cast.
h. Section members in good standing eligible to vote must use an official Section on Clinical Electrophysiology and Wound Management ballot form.

Section 3: Elections

- A. Elections shall be coordinated by the Nominating Committee.
B. A plurality of the votes cast will determine the winner in all elections.
C. The ballots shall be tallied by at least two Section

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- members (tellers) in good standing appointed by the President.
- D. Results of the election will be reported to the Section membership in the Section publication. Results will be mailed to the Association's headquarters within 30 calendar days of being tallied.
- E. In the event of a tie vote, the tie will be broken by drawing lots.

ARTICLE XI. Finance

Section 1: Fiscal Year

The fiscal year of the Section is January 1 through December 31.

Section 2: Dues

- A. The dues of the Section shall be for 12 months of membership and will coincide with the member's National expiration date.
- B. The dues for each membership category shall be:
- Physical Therapist: \$35.00
 - Physical Therapist-Post-Professional Student: \$5.00
 - Physical Therapist Assistant: \$25.00
 - Life Physical Therapist: no dues
 - Life Physical Therapist Assistant: no dues
 - Retired Physical Therapist: no dues
 - Retired Physical Therapist Assistant: no dues
 - Student Physical Therapist and Student Physical Therapist Assistant: \$5.00
- C. The dues of the Section will not exceed the dues of the Association without specific approval of the Board of Directors of the Association.

Section 3: Limitation on Expenditures

- A. No officer, committee or employee shall spend any money not provided for in the budget as adopted by the Section, nor spend any Section money in excess of budget allotment except by the approval of the Executive Committee of the Section.
- B. The Executive Committee of the Section shall have the power to authorize expenditures in excess of the adopted budget. Such expenditures shall not be in excess of current financial resources. Notification of the amount and rationale of said expenditures will appear in the next Section publication.

Section 4: Financial Statements

The Section shall submit its annual financial statements, tax returns, and audit report to the Association when and as directed by APTA Headquarters.

ARTICLE XII.

Publications and Communications

Section 1: Publications

The SECTION NEWSLETTER is an official publication of the Section. Publication of meeting notices and the prior notices of issues to be voted upon in the SECTION NEWSLETTER shall constitute official notice to all members, provided the Section publication(s) has

been mailed or emailed the required number of days prior to the meeting date.

Section 2: Communications

All members, including officers, must have permission from the Executive Committee before distribution of any Section reports to persons other than Section members. They must also have approval from the Executive Committee to represent the Section on radio, television, through newspapers or interviews, or at a public or professional meeting.

ARTICLE XIII.

Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Section in all cases in which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Section may adopt.

ARTICLE XIV

Amendments and Dissolution

Section 1: Amendments

- A. The Section Bylaws may be amended at any annual or special meeting of the Section or by ballot, with a two-thirds majority vote of those members present and voting with previous notice to members at least thirty (30) calendar days prior to the vote. Amendments to the Section's bylaws become effective upon approval in writing by the Association's Board of Directors. (Exception: changes in Section dues become effective on the first of the Section's next fiscal year following approval.)
- B. If the intent of an amendment is editorial or to bring the Section's Bylaws into agreement with those of the Association, the amendment shall be made as required by the Secretary and shared with the Executive Committee. The Executive Committee shall notify the Section's membership that such amendments have been made.
- C.1A current copy of Section Bylaws, including date of adoption, must be filed with the Association within 30 days of adoption.

Section 2: Dissolution

- A. Involuntary dissolution of the Section by action of the Association Board of Directors shall be as prescribed by the Association Bylaws.
- B. Voluntary dissolution, being in effect a motion to rescind the Bylaws, shall require the same notice and vote as to amend. Any members on record shall be notified of the resolution to dissolve at least ninety calendar days prior to the meeting at which the vote on the resolution would be taken.

ARTICLE XV.

Association As Higher Authority

In addition to these Bylaws, the Section is governed by the Association Bylaws and Standing Rules, and by Association policies.

Membership Matters

by Karen A. Gibbs
Membership Chair

As some of you may remember, during last year's business meeting at CSM in Nashville, the Section established a new Membership Committee. Developing a new display booth in time for CSM 2009 in Las Vegas was the Committee's first charge. I am happy to report that we are making great progress toward that goal and are looking forward to unveiling the new booth display in Las Vegas!

This year our updated booth will have a sleek, modern look complete with a free gift for members, polos for sale with our new Section logo, and information regarding our strategic plan, proposed bylaw updates, and the Section's new integumentary curriculum recommendations that were approved by APTA in November 2007.

The Committee is also working on formalizing a new member welcome packet and an improved method of communication between members involved in one or more of the three arms of our Section. Plans for a revamp of our website are also underway so look for some great changes and updates in the upcoming months.

Our Section continues to grow (with over 1000 members as of November!!). If you have suggestions or comments regarding how the Membership Committee can be of better service to the membership, please let us know by contacting me or any member of the committee. We're looking forward to seeing everyone at CSM in February!!

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Sharon Lucich
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Christine Conroy
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Vanessa Nolan
vanessaenolan@yahoo.com

Section to Host an International Event at CSM 2009

By Karen Albaugh, PT, DPT, MPH, CWS
Program Chair

On February 8 and 9, 2009, the Section on Clinical Electrophysiology and Wound Management, and the Geriatric Section will co-host a CSM preconference program, entitled *The First Congress of the International Society of Electro-physical Agents (ISEPA)*. This preconference will mark the official formation of ISEPA. Professor Luther Kloth, of the United States, and Dr. Goh-Ah Cheng, of Japan, have been instrumental in bringing this unique opportunity to the Section on Clinical Electrophysiology and Wound Management and we are truly honored to be a part of it. The program is a full two days of the latest information in the electro-physical agent field, with speakers from the USA, Canada, Japan, Ireland, New Zealand, United Kingdom, and Australia. Don't miss this once in a lifetime opportunity to hear experts in the field discuss the importance for moving electro-physical agents forward in an evidenced-based practice environment. The overall goal of the Congress is to represent the interests of the physical therapy profession in all matters related to the practice, education and research involving electro-physical agents. Some of the critical initiatives ahead include advocating curriculum and clinical practice guidelines, adoption of a common terminology and set of safety standards for EPA, and fostering research that will add to the existing body of knowledge related to EPA technologies. The preconference will cover appropriate usage and clinical effectiveness of the various EPA technologies as taught by experts in the field from around the world. Please join us for this landmark event. Registration for the preconference is available at www.apta.org/csm

Welcome New Members

5/9/08 to 11/24/08

Ryan Greve
Celoma Chapa
Jessica Lopez
Deborah Nichols
Trinity LeFlore
Crystal Mercer
Warren Goforth
Tara Lodi
Taylor Kadlec
Paolo Jimenez
Amy Doepker
Sarah Anderson

Dixie Filleman
Michelle Trentman
Christina Cowart
Stacey Bradbury
Iris Hassan
Jennifer Stepaniuk
Nathaniel Hope
Jessica Kittson
Man Powell
Meghan Halchak
Deanna Schnell
Ashley Ford
Jaime Struve

Lauren Clark
Amberlee Guthrie
Ahsley Allen
Cara Conrey
Cynthia Landy
Derek McConnell
Sandra Teitelbaum
Kelli Baumgartner
Michelle Kunsman
Kimberly Zemola
Charles Eberling
Sharl Abraham

Rachel Sanders
John Kofmehl
Nery Escobar
Adrian Prather
Jessica Rhodes
Stephen Capella
Allison Meader
Danika Van Tine
Sebastien Vorbe
Joseph Edwards
Jason Ciccotelli
Kaitlin Clark

Section Meeting with ACE

By Elaine Armantrout, PT, DSc, ECS
Clinical Electrophysiology and Wound
Management Section Member
Chair Specialty Council Clinical Electrophysiology
President American Congress of
Electroneuromyography

Representatives from the Section of Clinical Electrophysiology and Wound Management (SCE) met with the American Congress of Electroneuromyography (ACE) on September 6th in Pittsburgh, PA to discuss the common issues the two groups have regarding nerve conduction studies and needle electromyography.

Representing SCE at the meeting were President Pam Unger, Secretary Jeff Slear, and Electromyography (EMG) Panel Co-chair AJ Robinson. ACE representatives included President Elaine Armantrout, Vice President Rodney Schlegel, Secretary Scott Palmeri and Treasurer Robert Baker.

The focus of the meeting was to determine how best to serve the physical therapist electromyographer community given there are limits on volunteer activities and funds. One big concern both groups have is how to train the next generation of PT EMGers. Another is how to increase the numbers of volunteers for each group to tackle legislative, reimbursement, research, and teaching responsibilities. The group addressed the possibility of splitting responsibilities between the two groups.

Most ACE members are SCE/APTA members. The ACE Board of Governors strongly encourages membership in both organizations. There are about 130 SCE EMG members and 40 ACE members. There are 136 board-certified electrophysiologic physical therapists.

Because the American Board of Physical Therapy Specialties administers the board certification process, it made sense for the SCE to continue with their promotion and support of this process. The SCE is also considering resuming a Journal as part of its strategic plan.

ACE is successful with advanced continuing education in the field with help from Rocky Mountain University of Health Professions, which holds an annual Spring EMG Symposium. ACE promised to continue updating and consulting with the SCE on reimbursement and legislative issues.

Both the SCE and ACE will encourage institutions to get a formal residency program established. They will also work on planning a co-teaching marketing/education-type course designed to increase skills for the doctoring profession or an entry-level training/didactic program at a future Combined Sections Meeting (CSM). Both groups also agreed to promote NCS/EMG in PT entry-level education programs by offering schools a list of potentials instructors, updating the current curriculum guidelines,

and get "electrophysiologic integrity" on the CAPTE radar screen as a core requirement.

The SCE EMG Panel is still looking for a Co-chair to work with Dr. Robinson. Much work remains to get done. If you are a PT EMGer who regularly attends CSM and would like to volunteer as a Co-chair, please contact Dr. Robinson.

Reimbursement News

By Pam Unger

On November 1, 2008 the final physician fee schedule was published. It contained very good news for our EMG colleagues. In the proposed rule there was an issue of concern for physical therapists who provide EMGs. Specifically, CMS was proposing to require that physicians and nonphysicians enroll as IDTFs. In the final rule, CMS chooses **NOT** to go forward with this proposal. This is great news. Thanks to all of you who submitted comments. Commenting definitely made a difference. Thank you to Gayle Lee (APTA Government Payment & Policy) for her assistance.

The areas of interest for wound care:

Unna boots and multi-layer wraps will not be reimbursed for venous leg ulcers.

A wound must progress (reduce in size) 10% per month or 1 mm of change or Medicare will not reimburse.

Low frequency, noncontact, nonthermal ultrasound is investigational or does not have sufficient evidence for reimbursement.

Recommending utilization of wound massage.

These topics are surfacing across the country from all types of payers and we need a united front. Please join us at the WMSIG meeting during CSM for a healthy discussion.

Clinical Electrophysiology and Wound Management Section

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EMG ISSUES

Justin Elliott

Associate Director State Government Affairs, APTA

Jeff Slear

Treasurer, Section on Clinical Electrophysiology and Wound Management

Gayle Lee

Director Federal Payment Policy, APTA

In 2008, EMG activity within the state legislatures took a break. Compared to previous years, things were quiet and from our perspective we like it that way! In Wisconsin, legislation that had been hanging around “died” as the legislature adjourned in June without taking action. New York had legislation that was introduced but had not gone anywhere as there was no impetus to move it.

With the legislative area not producing the desired results in 2008 as well as past years, the AAN and AANEN are changing their tactics. They are now ramping up their efforts on the payment side of the equation. These organizations are now going to the various payers and attempting to have them pay only a neurologist or physiatrist for the performance of EMG/NCV testing. So legally PT’s could continue to do the test, but then would be denied payment.

APTA in September 2008 addressed this issue at its State Policy and Payment Forum meeting. The attendees of this meeting include chapter presidents, chapter lobbyists, and APTA section representatives. Here an individual EMG session was held to make this group aware of what is happening in the services by physicians, CMS issued proposed regulations regarding diagnostic testing, which included EMG.

The proposal said that physician and non-physician providers of diagnostic testing would have to enroll with their carriers and be identified as a independent diagnostic testing facility for each practice location furnishing this service. This would involve meeting certain standards which would have been extremely burdensome to individuals. During the comment period, staff from APTA’s Government Affairs department talked to CMS and pointed out the problems with the proposal. In addition, various members of the Section who are active in EMG were contacted. They wrote letters with their comments to CMS. In the end, CMS decided to defer on the policy in regards to EMG but may apply it to imaging studies in the future. What is needed to be done is to continue to keep EMG from getting lumped into the imaging studies group as this is expected to continue to experience huge growth. The Government Affairs Dept. of APTA will continue to work with the Section’s EMG membership to monitor this and take appropriate action as necessary since this may become a yearly issue at least for the near term.

The challenge against PTs performing EMG will continue to be an issue for the PT profession for the near future. It will be an issue that will be waged on many fronts: state legislatures, Medicare, and private payors. As our opponents change their tactics, we must do so as well. To be successful will require active participation in our Section, state chapter, and APTA governing activities. If we work together and do our part, we will ultimately win the battle.

PRE-CONFERENCE COURSE

(CO-SPONSORED WITH THE GERIATRIC SECTION)

FIRST CONGRESS of the International Society of Electro-Physical Agents

at CSM 2009

Sunday, February 8 and Monday, February 9, 2009
LAS VEGAS, NV